

APN#: 1319-15-000-015
1319-15-000-020
1319-22-000-021
1319-15-000-022
1319-15-000-023
1319-15-000-029
1319-15-000-030
1319-15-000-031
1319-15-000-032

R.P.T.T.: \$ 0.00

After Recording Send Tax Statements to:
Holiday Inn Club Vacations Incorporated
9271 S. John Young Pkwy.
Orlando, FL 32819

After Recording Return to:
Wilson Title Services, LLC
4045 Spencer Street, Suite A62
Las Vegas, NV 89119

Interval ID: 36021004501

AFFIDAVIT TERMINATING JOINT TENANCY

The undersigned, Ruth Whitten of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That Bruce Perry Whitten, Sr. having become deceased on 9/26/2023 at San Joaquin County, California, pursuant to the attached certified copy Certificate of Death, is the same person as Bruce Whitten named as one of the parties in that certain Grant Sale Deed dated 4/28/2012 by 1862, LLC, a Nevada limited liability company to Ruth Whitten and Bruce Whitten, husband and wife, as joint tenants with right of survivorship, recorded on 10/30/2018, as Recorded Document No. 2018-921533, of Official Records of the Douglas County Recorder's Office, Douglas County, State of Nevada.
1. The real property subject hereof is situated in the County of Douglas, State of Nevada, bounded and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

MORE commonly known as: **2001 Foothill Road, Genoa, Nevada 89411**

2. That the undersigned affiant, Ruth Whitten, is the surviving joint tenant of the named decedent.

Contract # 6676699

Affidavit Terminating JT - 1862
LLC - merge

I, RUTH WHITTEN, hereby affirm that this document submitted for recording contains personal information (social security number, driver's license numbers or identification card number) of a person as required by a specific law, public program or grant that requires the inclusion of the personal information. The Nevada Revised Statute (NRS), public program or grant referenced is (NRS) 40.525.

RUTH WHITTEN

Affiant

Surviving Tenant (Print Name)

Title

DATED this 23 day of _____, 20 24,

Ruth Whitten
Signature of Surviving Tenant
RUTH WHITTEN

STATE OF: CA

SS

COUNTY OF: San Joaquin

SUBSCRIBED AND SWORN before me this 23 day of April, 20 24,

by, RUTH WHITTEN.

Cathy Vazquez
Notary Public Signature

Cathy Vazquez
Notary Public Print Name

My Commission Expires: 07/03/2026

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA
COUNTY OF San Joaquin

Subscribed and sworn to (or affirmed) before me on this 23 day of April, 20 24, by Ruth Christine Whitten,
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Cathy Vazquez
NOTARY PUBLIC SIGNATURE

(NOTARY SEAL)

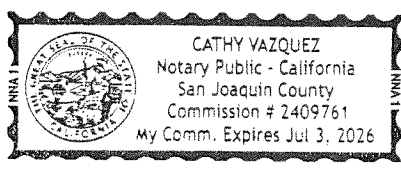


Exhibit "A-1"

Phase	Frequency	Unit Type	Inventory Control Number
Aurora	ODD	TWO BEDROOM	36021004501

COPY

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SAN JOAQUIN COUNTY
 PUBLIC HEALTH SERVICES
 STOCKTON, CALIFORNIA

3052023214688

CERTIFICATE OF DEATH

3202339004277

STATE FILE NUMBER 3052023214688		FURTHER INFORMATION USE BLACK INK ONLY / NO ERASURES, WHITE CORRECTIONS OR ALTERATIONS VS-11 (REV 3/08)		LOCAL REGISTRATION NUMBER 3202339004277	
1. NAME OF DECEDENT - FIRST (Given) BRUCE		2. MIDDLE PERRY		3. LAST (Family) WHITTEN, SR	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 06/12/1942		5. AGE Yrs. Mths. Ds. 81	
6. SEX M		7. DATE OF DEATH mm/dd/yyyy 09/26/2023		8. HOUR (24 Hours) 1455	
9. BIRTH STATE-FOREIGN COUNTRY MA		10. SOCIAL SECURITY NUMBER 4631		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SROP* (at Time of Death) MARRIED		13. EDUCATION - Highest Level/Degree (See worksheet on back) HS GRADUATE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		16. DECEDENT'S OCCUPATION - Type of work for most of life. DO NOT USE RETIRED TRAINING INSTRUCTOR		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TELECOMMUNICATIONS	
18. YEARS IN OCCUPATION 27		20. DECEDENT'S RESIDENCE (Street and number, or location) 1816 HYDE PARK LN.			
21. CITY MANTECA		22. COUNTY/PROVINCE SAN JOAQUIN		23. ZIP CODE 95336	
24. YEARS IN COUNTY 47		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP RUTH WHITTEN, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, po, or town, state and zip) 1816 HYDE PARK LN, MANTECA, CA 95336			
28. NAME OF SURVIVING SPOUSE/SROP - FIRST RUTH		29. MIDDLE CHRISTINE		30. LAST (BIRTH NAME) BLUMER	
31. NAME OF FATHER/PARENT - FIRST LESTER		32. MIDDLE D.		33. LAST WHITTEN	
34. BIRTH STATE MA		35. NAME OF MOTHER/PARENT - FIRST EVA		36. MIDDLE M.	
37. LAST (BIRTH NAME) HODSON		38. BIRTH STATE MA			
39. DISPOSITION DATE mm/dd/yyyy 10/03/2023		40. PLACE OF FINAL DISPOSITION SACRAMENTO VALLEY NATIONAL CEMETERY 5810 MIDWAY RD., DIXON, CA 95620			
41. TYPE OF DISPOSITION(S) CREMATE/BURIAL		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY OF NORTHERN CALIFORNIA		45. LICENSE NUMBER FD1502		46. SIGNATURE OF LOCAL REGISTRAR MAGGIE PARK, M.D.	
47. DATE mm/dd/yyyy 10/03/2023		48. LICENSE NUMBER 55			
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> EVDH <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other	
104. COUNTY SAN JOAQUIN		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1816 HYDE PARK LN.		106. CITY MANTECA	
107. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous thromboembolism without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) HEART FAILURE UNSPECIFIED		108. DEATH REPORTED TO CORONER? (AT) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		109. BIOPSY PERFORMED? (BT) NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>	
110. AUTOPSY PERFORMED? (CT) NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>		111. USED IN DETERMINING CAUSE? (C1) NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 PARKINSON'S DISEASE	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent: Attended Genes Decedent Last Seen Alive ABDUL WAHEED KHAN, MD			
115. SIGNATURE AND TITLE OF CERTIFIER ABDUL WAHEED KHAN, MD		116. LICENSE NUMBER A54203		117. DATE mm/dd/yyyy 10/02/2023	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ABDUL WAHEED KHAN, MD 1144 NORMAN DR STE 205, MANTECA, CA 95336		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accurate <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Hanging <input type="checkbox"/> Could not be determined			
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.#		CENSUS TRACT	

STATE OF CALIFORNIA }
 COUNTY OF SAN JOAQUIN } SS

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED: **OCT 05 2023**

* 000989064 *

This is a true and exact reproduction of the document officially registered and placed on file with San Joaquin County Public Health Services.

Maggie Park
 MAGGIE S. PARK, M.D.
 LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying date and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

